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(Req	uestor's Name)			
(Ādd	ress)			
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(City.	/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
W180001	10185			



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2019 JAN - 7 PM 4: 02 SECRETARY OF STATE TALLAHASSEE FLORD.

APPROVED AND FILED

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Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

■ \$130.00 Filing Fee &

Certificate of Status

COVER LETTER TO: Registration Section Division of Corporations Resource Action Programs, LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please return all correspondence concerning this matter to the following: Jennifer Underwood Name of Person Franklin Energy Services, LLC Firm/Company 102 N. Franklin Street Address Port Washington, WI 53074 City/State and Zip Code junderwood@franklinenergy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Underwood 262 284-3838 Area Code Daytime Telephone Number Name of Contact Person MAILING ADDRESS: **STREET ADDRESS:** Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

\$155.00 Filing Fee &

Certified Copy

\$160.00 Filing Fee, Certificate

of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Resource Action Progr (Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	Company, ***L.L.C	.," or "LLC.")			
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The al	ternate name must inclu	de "Limited Liability	Company,""	1. I. C."	or "LLC ")
Delaware 2.		2	45-3803180				
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI number, if applicable)					
ł	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905; F.S. to determ	registration) (shilts)				
102 N. Franklin Street			102 N. Franklin				
(Street Address of Principal Office) Port Washington, WI			6. (Mailing Address) Port Washington, WI				
53074			53074				
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		SECRET	2019 JAN -	
Name:	CT Corporation				ASSEE.		AND
Office Address:	1200 S. Pine Island Road				F STAT	PM 4: 02	ָ (
	Plantation	··-	, Florida _	33324	_ 	~	
	(City)			(Zip code)			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ternall Kearney Ternell Kearney, Assistant Sec.
(Registered agent's signature)

Title or Capacity:	Name and Address:
CEO	Paul T. Schueller
	102 N. Franklin Street
	Port Washington, WI 53074
President	Kevin McDonough
	102 N. Franklin Street
	Port Washington, WI 53074
Executive Vice President	Daniel J. Tarrence
	102 N. Franklin Street
	Port Washington, WI 53074
	SECRETARY FALLAHASS
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(Use attachments if necessary)

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vaniel J Tamence		Executive Vice President
	Signature of an authorized person	
Daniel J Tarrence		
	Typed or printed name of signee	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RESOURCE ACTION PROGRAMS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2018.

Authentication: 204144109

Date: 12-19-18